SUPERVISORY INDIVIDUAL DEVELOPMENT PLAN

(1) EMPLOYEE NAME(Last, First, MI)	(2)		(3) CURRENT POSITION (Title, Series, Grade or Rank)		
(4) WORK PHONE	(5) DATE APPOINTED AS SUPERVISOR	(6) DATE PROBATIONARY PERIOD ENDS	(7) SUPERVISOR'S NAME	(8) WORK PHONE NUMBER	(9) CODE

(10) TRAINING OBJECTIVE (COMPETENCIES COVERED)	(11) METHOD OF ACCOMPLISHMENT	(12) TARGET COMPLETION DATE	(13) ACTUAL COMPLETION DATE	(14) REMARKS	(15) SUPERVISOR'S INITIALS/DATE	(16) EMPLOYEE'S INITIALS/DATE
1. LEARN PERSONNEL MGMT PRACTICES	CIVILIAN PERSONNEL MGMT FOR SUPERVISORS (20 HRS)					
2. LEARN INTERPERSONAL COMMUNICATION AND MANAGEMENT SKILLS	ATTEND MCGRAW-HILL SUPERVISORY CLASSES (50 HRS) a. MANAGING PEOPLE b. COMMUNICATING c. COACHING d. DELEGATING EFFECTIVELY e. ASSESSING EMPLOYEE PERFORMANCE f. IMPLEMENTING CHANGE g. MOTIVATING THE PRODUCTIVE EMPLOYEE h. DEALING WITH EMPLOYEE CONFLICTS i. COMMUNICATING WITH YOUR BOSS j. USING POSITIVE DISCIPLINE					
3. LEARN TO PREVENT SEXUAL HARRASSMENT	ATTEND PREVENTION OF SEXUAL HARRASSMENT (2 HRS)					
4. ADDITIONAL TRAINING REQUIREMENTS:						

INSTRUCTIONS FOR COMPLETING THE SUPERVISORY IDP FORM

Complete items (1) thru (12):

(1) Enter the employee's complete name (First, Last, MI).

(2) Enter the activity abbreviation (NAS, NADEP, ETC.) and the specific location code for the employee (31142).

(3) Enter trainee's current position, title, series and grade in Item 3.

(4) Enter employee's work phone number.

(5) Enter date employee appointed as supervisor.

(6) Enter date probationary period ends.

(7) Enter Supervisor's name.

(8) Enter Supervisor's work phone.

(9) Enter Supervisor's code.

(10) Mandatory requirements are listed. List any other training objectives identified as a result of the needs assessment process (Ask Trining Division for IDP Booklet, if needed). Objectives should be listed in the order they will be expected to be accomplished.

(11) List the method selected to accomplish the training objective - be specific. (Include source, dates and duration of formal training courses, etc.)

(12) Indicate the target date for accomplishing the training objective.

Items (13) through (16) will be completed as objectives are accomplished:

(13) Enter the date the objective was actually accomplished - if this date is not the same as the target date, give reasons in Item 14 - Remarks.

(14) This column should be used to comment on how well the method of Training/Development (Item 14) met the training objective reflected in Item 13. Additionally, any revision in the objective or method chosen should be explained here. Reasons why training did not occur as planned must be indicated in this column also.